

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give the correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01975  
830

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
City or town Crisfield rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

Mariners Road

How long in hospital or institution?

## 3. (a) FULL NAME

Marie Mrohs Anklam4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Rudolph Anklam

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo. day, yr.) AUGUST 1, 18688. AGE: Years 79 Months 6 Days 23 If less than one day ..... hrs. ..... min.9. Birthplace Trennendorf, Germany  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Robert Potter13. Birthplace Trennendorf, Germany14. Maiden name (Unknown) Potchik15. Birthplace Trennendorf, Germany16. Informant Robert MrohsAddress Crisfield, Md. Rt. # 117. Burial Date thereof Feb. 26, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sunny Ridge CemeteryLocation RURAL. Crisfield, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. 2/28 1948 (Date rec'd by registrar)James E. Price  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield (If outside city or town limits, write RURAL and give nearest town)Street No. Mariners Road, Rt. # 1 (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 24, 1948 at 5:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21, 1948, to Feb. 24, 1948, and that I last saw her alive on Feb. 23, 1948.

Immediate cause of death

Cerebral Hemorrhage DURATION 3 daysDue to Cerebral Arteriosclerosis ?Due to General Arteriosclerosis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Donald W. Peayton M.D.  
M. D. or other  
Address Crisfield, Maryland Date signed Feb. 27, 1948

RECEIVED  
MAR 2 1948  
FBI - BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01976

190

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
City or town Marietta Sta., Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ollie Bell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. C. Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1890 6. (c) If alive, give age years8. AGE: Years 57 Months 5 Days 8 If less than one day hrs. min.9. Birthplace Marietta Sta., Somerset, Md. (Town, county, and state)10. Usual occupation Labor

## 11. Industry or business

12. Name Karen Bell13. Birthplace Marietta Sta., Md.14. Maiden name Anna Dixon15. Birthplace Marietta Sta., Md.16. Informant Olivia WrightAddress Miller Beck, Va.17. Burial Burial Date thereof Feb. 24, 48 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Braunsch CemeteryLocation Marietta Sta., Md.18. Funeral director Charles H. DavisAddress Marietta Sta., Md.19. Date rec'd by registrar Feb. 24th 1948 Registrar Nellie Dryden

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset  
City or town Marietta Station  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from

He was sick when  
and that I last saw him he was well 19

Immediate cause of death

Young house  
due to exposuresunburned & skin  
slipped off flesh -Due to  
Gangrene  
peritonitis  
H. Colibacilli

Other conditions

(Include pre-DEPUTY MEDICAL EXAMINER)

Major findings of operations FOR SOMERSET COUNTY, MD.

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

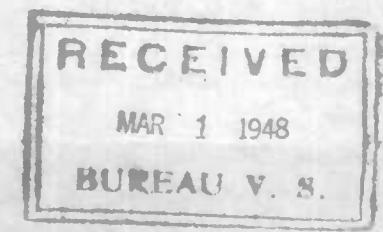
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wright House M.D. or otherAddress Resigned Feb. 23/48 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01977

Reg. Dist. No.

265

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Somerset

County.....

Rural Crisfield

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Jacksonville Rd.

Now long in hospital or institution? \*\*\*\*\*

## 3. (a) FULL NAME

NOAH BENJAMIN DIZE

## 4. Sex

Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Lillian Dize

Deceased | 6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) October 11, 1869

8. AGE: Years 78 | Months 4 | Days 18 | If less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Md. (Town, county, and state)

10. Usual occupation Retired Waterman

11. Industry or business Seafood

12. Name Noah E. Dize

13. Birthplace Smith Island, Md.

14. Maiden name Sarah Daugherty

15. Birthplace Crisfield, Md.

16. Informant Earl Dize

Address Crisfield, Md.

17. Burial Date thereof March 2, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Memorial Pk.

Location Hopewell, Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Mar. 2, 1948 (Date rec'd by registrar)

Nellie Dryden  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Rural Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No. Jacksonville Rd. (If rural, give LOCATION)

2.(a) If veteran, name war \*\*\*\*\*

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948, at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27 to Feb. 29, 1948

and that I last saw her alive on Feb. 29, 1948

Immediate cause of death Acute dilation of heart &amp; Uremia

Due to Chronic but Reversible Chronic myocarditis years

Due to

Other conditions Carcinoma prostate 1 yr.?

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

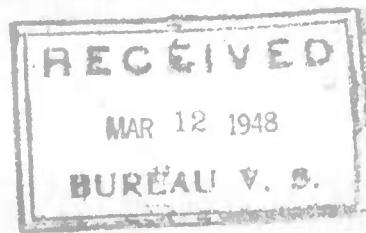
## Means of injury

Injured at work?

23. SIGNATURE George C. Culham M.D.

M. D. or other

Address Marion, Md. Date signed Mar 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01978

## CERTIFICATE OF DEATH

Reg. Dist. No.

260

## 1. PLACE OF DEATH:

County

Somerset

Upper Hill

City or town

(If outside city or town limits, write RURAL and give nearest town)

65

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Roger Fields

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. Col. Married

Winifred Fields

8. (b) Name of ~~widow~~ wife

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

Oct. 6, 1882

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Upper Hill, Somerset, Md.

(Town, County, and state)

10. Usual occupation

Labor

11. Industry or business

MOTHER FATHER

Unknown

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Winifred Fields

Address

Upper Hill, Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof 2 11 48

(month) (day) (year)

Cemetery or crematory

St. Thomas' Cemetery

Location

Lower Hill, Md.

18. Funeral director

Charles H. Ward

Address

Major Star, Md.

19. (Date rec'd by registrar)

2/11/48

19

48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md.

County

Somerset

State

Upper Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

227-03-1517

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 6 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/29/47 19 to 2/6/48 19

and that I last saw h... alive on 1/15/48 19

Immediate cause of death

Carcerorum of Stomach

DURATION

6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Irreversible carious  
of stomach Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Hon. B. W. Lee

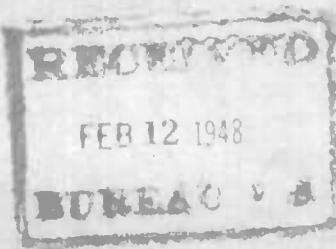
M. D. or other

Address

Prudential Cen

Date signed

2/9/48



01979

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset

Crisfield

City or town (If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Main Street

How long in hospital or institution?

## 3. (a) FULL NAME

WILLIAM P. HORSEY

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed

## 6.(b) Name of husband or wife

Edith Crow Horsey

Deceased

(c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

March 12, 1853

## 8. AGE:

Years 94

Months 11

Days 13

If less than one day hrs. min.

## 9. Birthplace

Crisfield-Somerset-Md

(Town, county, and state)

## 10. Usual occupation

Retired Merchant-Banker

## 11. Industry or business

Den't Store

## MOTHER FATHER

Name

Albert R. Horsey

Birthplace

Somerset Co., Md

Leah Nelson

Maiden name

Somerset Co., Md

Birthplace

Frank P. Landon

## 16. Informant

Crisfield, Md

Address

Burial Date thereof Feb 29, 1948

## (Burial, cremation, or removal. Which?)

(month) (day) (year)

Crisfield Cemetery

Cemetery or crematory

Crisfield, Maryland

Location

H. Harvey Bradshaw

## 18. Funeral director

Crisfield, Md

Address

## 19.

2/25

1948

Janice E. Sain  
Registrar

(Date rec'd by Registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

February 25 1948 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 16 1948 to Feb 25 1948

and that I last saw him alive on Feb 25 1948

## Immediate cause of death

Cardinal Hemorrhage

DURATION

9 days

Due to Cardinal inter ischias

?

Due to Generalized Arteriosclerosis

3

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

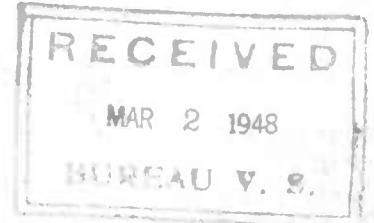
## 23. SIGNATURE

S. M. Peyton, M.D.

M. D. or other

Address Crisfield, Md

Date signed Feb 27, 1948





~~PLEASE WRITE PLAINLY WITH UNFADING INK.~~ Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01980

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset

City or town Crisfield, Md.

(If outside city or town limits, write RURAL and give nearest town) Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Thomas Theo Howard

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

male

White

Married

Geraldine Howard

## 6.(b) Name of husband or wife

Geraldine

## 7. Birth date of deceased (mo., day, yr.)

Oct. 7, 1917

(c) If alive, give age years

## 8. AGE:

Years  
30Months  
4Days  
19

If less than one day

hrs.

min.

## 9. Birthplace

Crisfield, Md.

(Town, county, and state)

## 10. Usual occupation

Watch repair

## 11. Industry or business

Oscar F. Howard

MOTHER FATHER

## 12. Name

Crisfield, Md.

## 13. Birthplace

Vida Tyler

14. Maiden name

Crisfield, Md.

15. Birthplace

Geraldine Howard

## 16. Informant

Crisfield, Md.

Address

Burial

Feb. 29, 1948

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Crisfield

Cemetery or crematory

Crisfield, Md.

Location

Hubbard &amp; Covington

## 18. Funeral director

Main St. Crisfield, Md.

Address

3/16

48

(Date rec'd by registrar)

Janice E. Janis

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Somerset

City or town

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

8 Hudson St.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

17-09-6665

## MEDICAL CERTIFICATION

Feb. 26

48 8:30 P.M.

## 2D. DATE OF DEATH

Feb. 12 1848, 10 Feb. 26 1948

and that I last saw him alive on Feb. 26 1948

## Immediate cause of death

Pulmonary & Intestinal  
Inflammation

## DURATION

## Due to

## Due to

## Other conditions

Malignancy unknown (4/26/48)

(Include pregnancy within 3 months of death)

## Major findings of operations

## Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

## Date of

## Where did injury occur

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

S. M. Payton M.D.

M. D. or other

Address

Crisfield, Md.

Date signed

RECEIVED  
MAR 18 1948  
BUREAU Y. S.

01981

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
 County... Somerset  
 City or town... Upper Hill, Md.  
 If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Adolph Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

B Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 15, 1935

8. AGE: Years 12 Months 7 Days 2 If less than one day hrs. min.

9. Birthplace Upper Hill, Md.

(Town, county, and state)

10. Usual occupation

## 11. Industry or business

MOTHER FATHER Joseph Johnson, Sr.  
 12. Name Upper Hill, Md.

13. Birthplace Upper Hill, Md.

14. Maiden name Laura Alman

15. Birthplace Oxford, Md.

16. Informant Joseph Johnson, Sr.

Address Upper Hill, Md.

Buried Date thereof 2-8-48

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory St Tunnel

Location Edgewater, Md.

18. Funeral director William H. James Jr.

Address Princess Anne, Md.

19. (Date rec'd by registrar) 1948 R. H. Johnson M

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Somerset

City or town Upper Hill, Md.

If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 4 1948 at 45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 4 1948 to Feb 4 1948 and that I last saw h. dead on arrival

Immediate cause of death accidental drowning

Due to asphyxiation

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of 2/4/48  
 Where did injury occur? Upper Hill, Somerset, Md. (City or town)  
 (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Mr. B. Wheeler Jr.  
 Dr. Anne, Md. Date signed 2/5/48



01982

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

183  
Reg. Dist. No. 260

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male S. Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

Dec. 22<sup>nd</sup> 1933

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

14

1

13

9. Birthplace

Upper Hill  
(Town, county, and state)

10. Usual occupation

Phone

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof  
(month) (day) (year)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Somerset

City or town

Upper Hill Md.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 4 1948 at 2 48 P.M.

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from

Feb. 4 1948 to Feb. 4 1948 1948

and that I last saw deceased

Immediate cause of death

accidental drowning

Due to suffocation

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M.D. or other

Address

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01983

## CERTIFICATE OF DEATH

268

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

City or town.....

Somerset

Darnes Quarters Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Aubrey Jones

4. Sex

Male

5. Color or race

Blk

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

1886 Nov 13th

6.(c) If alive, give age .....

years

8. AGE:

62

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Darnes Quarters Md

10. Usual occupation.....

Ordinary labour

11. Industry or business

12. Name.....

MOTHER FATHER

Asbury Jones

13. Birthplace.....

Darnes Quarters Md

14. Maiden name.....

MOTHER

Mary Jones

15. Birthplace.....

Darnes Quarters Md

16. Informant.....

Address

The Peoples Forces

Darnes Quarters Md

17. Burial.....

(Burial, cremation, or removal. Which?)

Feb 18-48

(month) (day) (year)

Cemetery or crematory

Darnes Quarters Md &amp; Colord

Location.....

Darnes Quarters Md

18. Funeral director.....

Hobbs

Address

Deal Island Md

19. Date rec'd by registrar

Feb 18th 1948

Lola T. Wheatley

Date rec'd by registrar

part

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Somerset

City or town.....

Darnes Quarters

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feby 17<sup>th</sup> 1948 at 9:36 p.m.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

dawn 13th 1948 to 66 14<sup>th</sup> 1948

and that I last saw him alive on Feb 10 a.m. 1948

Immediate cause of death.....

Paralysis Agitans

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

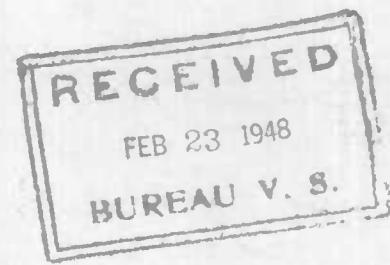
Means of Injury

Injured at work?

23. SIGNATURE

Eldore G. Maysman M. D. or other

Address: Princess Anne, Md Date signed: Feb 16 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

01984

Reg. Dist. No. 260

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Princess Anne, Md.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John A. Lawson

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

W Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 15, 1855

6.(c) If alive, give age years

8. AGE:

Years      Months      Days      If less than one day  
93      -      2      hrs.      min.

9. Birthplace

Princess Anne, Md.

10. Usual occupation

Farmer

11. Industry or business

Alfred Lawson

12. Name

Princess Anne, Md.

Maiden name

Emily Lawes

13. Birthplace

Montgomery, Md.

14. Maiden name

Jesse Phoebe

15. Birthplace

Princess Anne, Md.

16. Informant

Mrs. Jesse Phoebe

Address

Princess Anne, Md.

17. Burial

Date thereof

(Burial, cremation, or removal. When?)

Date

(month)

(day)

(year)

Date

(month)

(day)

RECEIVED

FEB 21 1948

DEAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01985

## CERTIFICATE OF DEATH

Reg. Distr. No. 260

## 1. PLACE OF DEATH:

County

Somerset

City or town

Weston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

17 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Elijah T Marshall

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male C married

## 6.(b) Name of husband or wife

Effie E Marshall

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo. day, yr.)

Aug 9 - 1886

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Marion Somerset Co Md

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

MOTHER FATHER

James Henry Marshall

## 12. Name

Marion Somerset Co Md

## 13. Birthplace

Mary Bennett

## 14. Maiden name

Marion Somerset Co Md

## 15. Birthplace

Weston

## 16. Informant

Effie E Marshall

## Address

Weston

## 17. Burial

Date thereof Feb 29 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Library cemetery

## Location

Marion

## 18. Funeral director

Elias H Wood

## Address

Marion

## 19. Date rec'd by registrar

Feb 26 1948

(Date rec'd by registrar)

R. S. Johnson M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Somerset

City or town

Weston

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death Heart Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. W. L. Leaphard M.D.

M.D. or other

Date (month year)

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01986

131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH Route 1 - Westover, Md.

County..... Rural

City or town..... (If outside city or town limits, write RURAL and give nearest town)

10 yrs

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Route 1-Westover, Md.

How long in hospital or institution?

## 3. (a) FULL NAME

James H. Marshall

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife..... Nora L. Marshall

7. Birth date of deceased (mo., day, yr.) ..... August 23, 1875

8. AGE: Years Months Days If less than one day  
72 5 23 ..... hrs. ..... min.9. Birthplace..... Winston Salem, North Carolina  
(Town, county, and state)

10. Usual occupation..... Farmer

## 11. Industry or business

Thomas Marshall

12. Name..... North Carolina

13. Birthplace..... Elizabeth Haines

14. Maiden name.....

North Carolina

15. Birthplace..... Fred Marshall (son)

16. Internment..... Marion Station, Md.

Address

17. Burial Date thereof. Feb. 17, 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Sunny Ridge

Crisfield, Md.

Location..... Hubbard &amp; Covington

## 18. Funeral director

Address Main St. Crisfield, Md.

19. Date rec'd by registrar 2/17 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Somerset County

City or town..... Rural Westover, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Route 1, near Westover, Md.

(If rural, give LOCATION)

## 2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th, 1948, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 10 1948 to Feb 15 1948

and that I last saw her alive on Feb 15 1948

## Immediate cause of death.....

Acute Dis Heat

Consuming condition

Due to..... Chronic but regular

Chronic myocardial

## Due to.....

Other condition..... General Asto &amp; Convulsions

(Include pregnancy within 8 months of death)

## Major findings or operations.....

Date of op.

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

George C. Bonham, M.D.

M. D. or other

Address..... Marion Station, Md.

Date signed Feb 17, 1948

RECEIVED

FEB 19 1948

BUREAU U. S.

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01987

940

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County. Somerset

Crisfield

City or town. (If outside city or town limits, write RURAL and give nearest town)

20 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

121 Chesapeake Ave.

How long in hospital or institution? \*\*\*\*\*

## 3. (a) FULL NAME

ELVA L. MEREDITH

## 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife. Sadie Hurley

7. Birth date of deceased (mo., day, yr.) May 6, 1880

6.(c) If alive, give age 65 years

8. AGE: Years Months Days If less than one day  
67 9 21 hrs. min.9. Birthplace. Fairmount-Somerset-Md.  
(Town, county, and state)

10. Usual occupation. Factory Worker

11. Industry or business. Manufacturing

12. Name. Hesekiah Meredith

13. Birthplace. Fairmount, Md.

14. Maiden name. Elizabeth Ford

15. Birthplace. Fairmount, Md.

16. Informant. Amos A. Meredith

Address. Marion Station, Md.

17. Burial. Date thereof March 1, 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Mechanics Cemetery

Cemetery or crematory. Fairmount, Maryland

Location. H. Harvey Bradshaw

18. Funeral director. Crisfield, Md.

Address.

19. Date rec'd by registrar. Janice E. Spies

1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Somerset

City or town. Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No. 121 Chesapeake Ave.

(If rural, give LOCATION)  
\*\*\*\*\*

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1946, to Feb. 27, 1948, and that I last saw her alive on Feb. 27, 1948.

Immediate cause of death.

Acute dilatation of heart. DURATION  $\frac{1}{2}$  hr.

Due to. Coronary Artery Disease 16 months

Due to. Atherosclerosis 2 yrs T

Other conditions. Angina pectoris 16 months

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

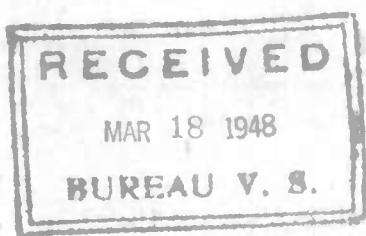
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.

M. D. or other

Address. Crisfield Date signed Mar. 1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01988

## CERTIFICATE OF DEATH

Reg. Distr. No. 265

## 1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

McCready Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Earl F. Morris

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

May 14, 1922

6.(c) If alive, give age ..... years

8. AGE:

Years  
25Months  
8Days  
22

If less than one day

hrs. .... min.

9. Birthplace: Somerset County

(Town, county, and state)

Heat Treater

10. Usual occupation.

Chas. D. Briddel, Inc.

11. Industry or business

Fletcher T. Morris

12. Name

Maryland

13. Birthplace

Mary C. Franklin

14. Maiden name

Matyland

15. Birthplace

Fletcher Morris

16. Informant

Cemetery or crematory

Sunny Ridge

Location

Crisfield, Maryland

Hubbard and Covington

18. Funeral director

Address

Main St. Crisfield, Md.

19. Date rec'd by registrar

1948

Janice E. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Chesapeake Ave

(If rural, give LOCATION) World War II

2.(a) If veteran, name war.

## 3. (b) Social Security Number

216-16-7458

## MEDICAL CERTIFICATION

February 5, 1948 19 48 at 5:15 AM

20. DATE OF DEATH

I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1948 to Feb 5 1948 and that I last saw him alive on Feb 5 1948.

Immediate cause of death

Acute Dil of Heart

Due to: Empyema Lungs Pneum

Due to:

Other condition: Obesity Diabetes Mellitus

DURATION

12 hrs

2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

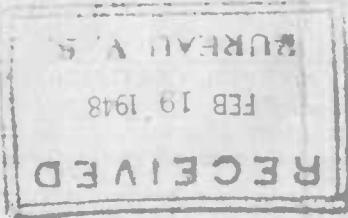
Means of injury

Injured at work?

23. SIGNATURE

George E. Ballum, M.D. M. D. or other

Address: Mason Old Pond Date signed: Feb 7, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01989

260

Reg. Dist. No.

1. PLACE OF DEATH:  
County Somerset

City or town Upper Hill  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
Martha Parker

4. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1874 6. (c) If alive, give age ..... years

8. AGE: Years 74 Months 1 Days 4 If less than one day

9. Birthplace Upper Hill, Somerset, Md.  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Edward Haskells

FATHER 12. Name Edward Haskells

MOTHER 13. Birthplace Upper Hill, Md.

14. Maiden name Charlotte Haskells

15. Birthplace Upper Hill, Md.

18. Informant Lillian Haskells

Address 874 County Line Rd., Bryn Mawr

17. Burial Date thereof 28 Jan 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Upper Hill

Location Upper Hill, Md.

18. Funeral director Charles St. Ward

Address Parsons St., Ste. 7, Md.

19. Date rec'd by registrar 2/9/48

(Date rec'd by registrar)

938  
2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Upper Hill  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1948 at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1948, to Feb 5, 1948,

and that I last saw her alive on Feb 5, 1948.

Immediate cause of death Arteriosclerosis

and hypertension

Heart Disease

DURATION 60 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE Franklin H. D.  
M. D. or other

Date signed 2/17/48

Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1228  
01990

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, Institution, or street address where death occurred:

Asbury Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

Minerva Riggin

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Donizor Nelson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 12, 1868

8. AGE:

Years

Months

Days

If less than one day

79,

11

0

hrs.

min.

9. Birthplace

Crisfield-Somerset-Maryland

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Lorenzo Nelson

13. Birthplace

Crisfield, Maryland

14. Maiden name

Harriett Lawson

15. Birthplace

Crisfield, Maryland

16. Informant

Mrs. Lewis Ward

Address

Asbury Ave., Crisfield, Md.

17. Burial

Date thereof Feb. 15, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Asbury Cemetery

Location

Crisfield, Maryland

18. Funeral director

Gordon S. Lawson

Address

Crisfield, Maryland

19. Address

Crisfield

19. 4/20 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. Asbury Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 12, 1948, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 8, 1948, to Feb. 12, 1948,

and that I last saw her alive on Feb. 11, 1948.

Immediate cause of death

Diseased abstractive

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Diseased abstractive  
due to Adhesive Date of op. Oct. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

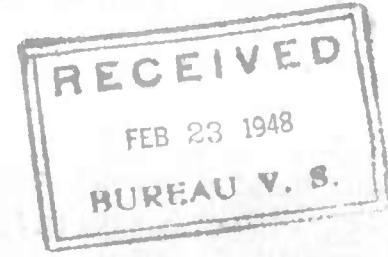
Injured at work?

23. SIGNATURE

S. M. Peyton W. J.

M. D. or other

Address Crisfield Date signed Feb. 12, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01991  
830

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH

Somerset

County

Crisfield, Maryland

City or town

(If outside city or town limits, write RURAL and give nearest town)

97 yrs

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvary Road

How long in hospital or institution?

## 3. (a) FULL NAME

Sarah A. Sears

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Orin Sears

7. Birth date of deceased (mo., day, yr.)

March 1, 1850

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

97

11

9

hrs.

min.

Crisfield, Maryland

9. Birthplace

(Town, county, and state)

Housewife

10. Usual occupation

11. Industry or business

Isaac Lawson

MOTHER/FATHER

12. Name

Crisfield, Maryland

13. Birthplace

Mahala Somers

14. Maiden name

Crisfield, Maryland

15. Birthplace

Walter E. Sears (son)

16. Informant

Calvary Rd. Crisfield, Md.

Address

Burial

Date thereof Feb. 13, 1948

17. (Burial, cremation, or removal. Which?)

Family Burial Ground

(month) (day) (year)

Cemetery or crematory

Location

Crisfield, Maryland

18. Funeral director

Hubbard &amp; Covington

Address

Main St. Crisfield, Md.

19. Date rec'd by registrar

1948

(Date rec'd by registrar)

Janice E. Spivey  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. Calvary Road

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1948

19

at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29, 1948 to Feb. 11, 1948

and that I last saw h... alive on Feb. 11, 1948

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to Cerebral Hemorrhage

Due to

Other conditions General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

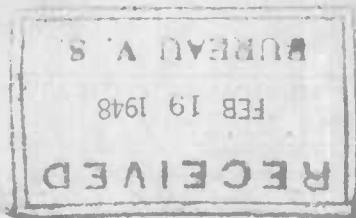
Injured at work?

23. SIGNATURE

M. D. or other

Address Gladys Schuyler  
Crisfield, Md. Date signed Feb. 11, 1948

*Mr. Aviation.*



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01992

107

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Anthony Vass (318)

## 4. Sex

Male

## 5. Color or race

Colored

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

6.(c) If alive, give age years

## 7. Birth date of deceased (mo. day, yr.)

December 9, 1947

## 8. AGE:

Years

2

Months

13

Days

.....

If less than one day

.....

hrs.

.....

min.

## 9. Birthplace: Crisfield-Somerset-Maryland

(Town, county, and state)

## 10. Usual occupation.

## 11. Industry or business

12. Name: Anthony Vass

13. Birthplace: Yonkers, New York

14. Maiden name: Ada Frances Horsey

15. Birthplace: Crisfield, Maryland

16. Informant: Anthony Vass

Address: 216 N. 8th St., Crisfield, Md.

17. Burial: Date thereof: Feb. 24, 1948  
(Burial, cremation, or removal, which?)

(month) (day) (year)

Lawsonia Cemetery

Location: Crisfield, Maryland

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Maryland

19. February 28, 1948  
(Date rec'd by registrar)Janice E. Spain  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 216 N. Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION about

20. DATE OF DEATH: February 22, 1948, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

He was seen when

and that I last saw him alive

Immediate cause of death

Faded during night

Found dead 8:30

Died M. History of

severe cold start

probable due to bronchitis

pneumonia &amp;

Other conditions

not known complications

Mother William H. Coulbourn -

Cause of death -

Major findings of operations

DEPUTY MEDICAL EXAMINER

Autopsy results: Non

PHYSICIAN: Please underline the cause to which death should be attributed

PHYSICIAN: Please underline the cause to which death should be attributed

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M.D. or other

Address: 6 Crisfield Md 2/24/48

Date signed

RECEIVED  
MAR 9 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01993

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County

Somerset

Hopewell Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

William F. Ward

(If in hospital or institution)

## 3. (a) FULL NAME

William F. Ward

Male Color

Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 1886

8. AGE: Years Months Days If less than one day  
61 4 hrs. min.9. Birthplace Hopewell, Somerset, Md.  
(Town, county, and state)

10. Usual occupation Farmer, Oystering

11. Industry or business

William F. Ward

12. Name of mother William F. Ward

13. Birthplace Hopewell, Md.

14. Maiden name Martha F. Roach

15. Birthplace Hopewell, Md.

16. Informant George Ward.

Address Hopewell, Md.

17. Burial Date thereof 2 6 48  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Hopewell M. C.

Location Hopewell, Md.

18. Funeral director Charles F. Ward.

Address Marion St., Md.

VS A15 9-45-15M

19. Date rec'd by registrar Janice E. Price

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County

City or town Hopewell-Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1948 at 9:30 PM

CERTIFY that death occurred on the date above stated; that I attended deceased from

I certify that deceased died on February 3, 1948, at 9:30 PM

and that I last saw deceased alive on February 3, 1948.

Immediate cause of death

Accidental

Due to Burned to Death

Home Careless

Fire &amp; he got killed

Other conditions to get shot

(Include pregnancy within month)

William H. Coulbourn, M. D.

Major findings or operations

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Feb 3 1948 Date of

Where died Somerset (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Burned to Death

23. SIGNATURE

M. L. Coulbourn M. D.

Address Crisfield Md Date signed 2/5/48



**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01994

## CERTIFICATE OF DEATH

Reg. Diet. No. 261

## 1. PLACE OF DEATH:

County Somerset

Rural, Marion

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Rural

How long in hospital or institution:

//

## 3. (a) FULL NAME

MABEL VIOLA WILLIAMS

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

Colored

Married

6.(b) Name of husband or wife

Milton Williams

6.(c) If alive, give age 31 years

7. Birth date of deceased (mo. day, yr.)

June 16, 1919

8. AGE:

Years  
28Months  
7Days  
27

If less than one day

..... hrs. .... min.

9. Birthplace

Marion-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Milton Jackson

13. Birthplace

RFD, Marion, Md.

14. Maiden name

Addie Roberts

15. Birthplace

RFD, Marion, Md.

16. Informant

Milton Williams

Address

RFD, Marion, Md.

17. Burial

Date thereof Feb 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Marumsco Cemetery

Location

RFD, Marion, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. Feb 18th 1948  
(Date rec'd by registrar)Nellie Dryden  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Rural, Marion

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Rural

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

February 13 1948 at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1947 to Feb. 13th 1948

and that I last saw her alive on Feb 11th 1948

Immediate cause of death

acute dehydration of  
rect, Acute pulmonary

Due to

TIB

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George L. Ballou, M.D.  
M. D. or other  
Address Marion, Md. Date signed Feb. 18, 1948

